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PATENT - POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Patent Number	7,626,071
	Issue Date	December 1, 2009
	First Named Inventor	Michael Masini
	Title	INVERTIBLE WOUND DRESSING AND METHOD OF MAKING SAME
	Attorney Docket Number	3095-0003

I hereby revoke all previous powers of attorney given in the above-identified patent.

☐ A Power of Attorney is submitted herewith.

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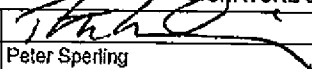
I am the:

☐ Inventor, having ownership of the patent.

OR

☒ Patent owner,
Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on _____

SIGNATURE of Inventor or Patent Owner

Signature		Date	6/29/2010
Name	Peter Sperling	Telephone	312 636 6650
Title and Company	Manager, Innoband, Inc.		

NOTE: Signatures of all the inventors or patent owners of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 1 forms are submitted.

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